## EL DORADO LAFCO

## LOCAL AGENCY FORMATION COMMISSION

550 Main Street Suite E • Placerville, CA 95667 Phone: (530) 295-2707 • lafco@edlafco.us • www.edlafco.us

## **Application for Appointment Alternate Public Member**

(Attach separate sheet(s), if needed)

POSITION FOR WHICH YOU ARE APPLYING	Alternate Public Member		
NAME			
	First	Middle	Last
ADDRESS	Residence		
	Business		
TELEPHONE			
	Residence Number		Business Number Fax Number
E-MAIL ADDRESS			
EDUCATION BACKGROUND			
EMPLOYMENT (A resume may be attached, if desired)			
List all other boards, commissions, or committees you are now a member or have been in the past, including dates of service			
Please list community interests/activities			

Date: \_\_\_\_

Please summarize the qualifications you feel are related to service on the LAFCO Commission	
What is your understanding of the roles and responsibilities of the Commission?	
Why do you wish to serve on the Commission?	
Have you attended any meetings of the LAFCO Commission?	
a citizen of the United States election. I am not imprisoned	istered voter in the State of California, County of El Dorado, and will be at least 18 years of age by the time of the next or on parole for the conviction of a felony. I certify under aws of the State of California, that the information on this
	opointed as a public member or alternate public member to officer or employee of the County or any city or district with ment Code Section 56331).
• •	to El Dorado LAFCO I will be required to comply with and file annual statements of financial interests.
I acknowledge that the information public record and/or subject to	ation provided in this application may become part of the the Public Records Act.

## **Return To**

LAFCO 550 Main Street, Suite E Placerville, CA 95667

Applications will be kept on file for one year.

Signature: